

MOD  
Cervical Screening  
Laboratory Issues  
2014-2015

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# Screening MOD Samples

- History of Cervical screening in the MOD
- UHCW cytology department. What we do.
- Existing Governance arrangements for MOD.
- Where the smear come from UK and Abroad
- Profile of the female military population
- Differences in screening MOD vs NHS population
- Issues with MOD

# Cervical Screening MOD

## 2001

- MOD screening contract awarded to Warwickshire Call & Recall
- . All MOD service women on the Warwickshire Exeter database.
- Smears screened at George Eliot Hospital, Nuneaton

## 2006

- Warwickshire Call & Recall service merged with Coventry

## 2009

- Nuneaton cytology lab merged with Warwick and Coventry lab at UHCW.

## 2013

- Coventry Call & Recall became part of Arden Herford and Worcester Local Area Team

## 2015 April

- MOD Call & Recall transfer from AH & W to LaSCA Call and Recall

# MOD Cervical Screening at UHCW

## Current Situation (till March 2015)

- All MOD samples come to cytology at UHCW by post (UK and Abroad)
- In approved packaging.
- All samples are Thinprep
  - Thinprep Vials supplied to Medical Centres by MOD supplies.
  - Hologic send UHCW slides and filters for MOD samples.
- Nurses use NMC number as PIN number.

## HPV testing

- HPV testing done in cytology (Abbott)
  - Started June 2012

# MOD Cervical Screening at UHCW

## Results

- Results to Call and Recall electronically and by NHS.net.
  - Transferred electronically each night → card
  - Excel spreadsheet of results by nhs.net every morning
- Results sent back to Medical Centres by 1<sup>st</sup> class post every day.
- Do not operate Direct Referral for MOD
- Phone and fax results to MC if report is urgent referral.

## Sample Taker training

- MOD sample taker training done at UHCW
- 2 training session a year based at UHCW.
- MOD annual stats sent out to each Medical Centre.

# MOD Governance

## Governance

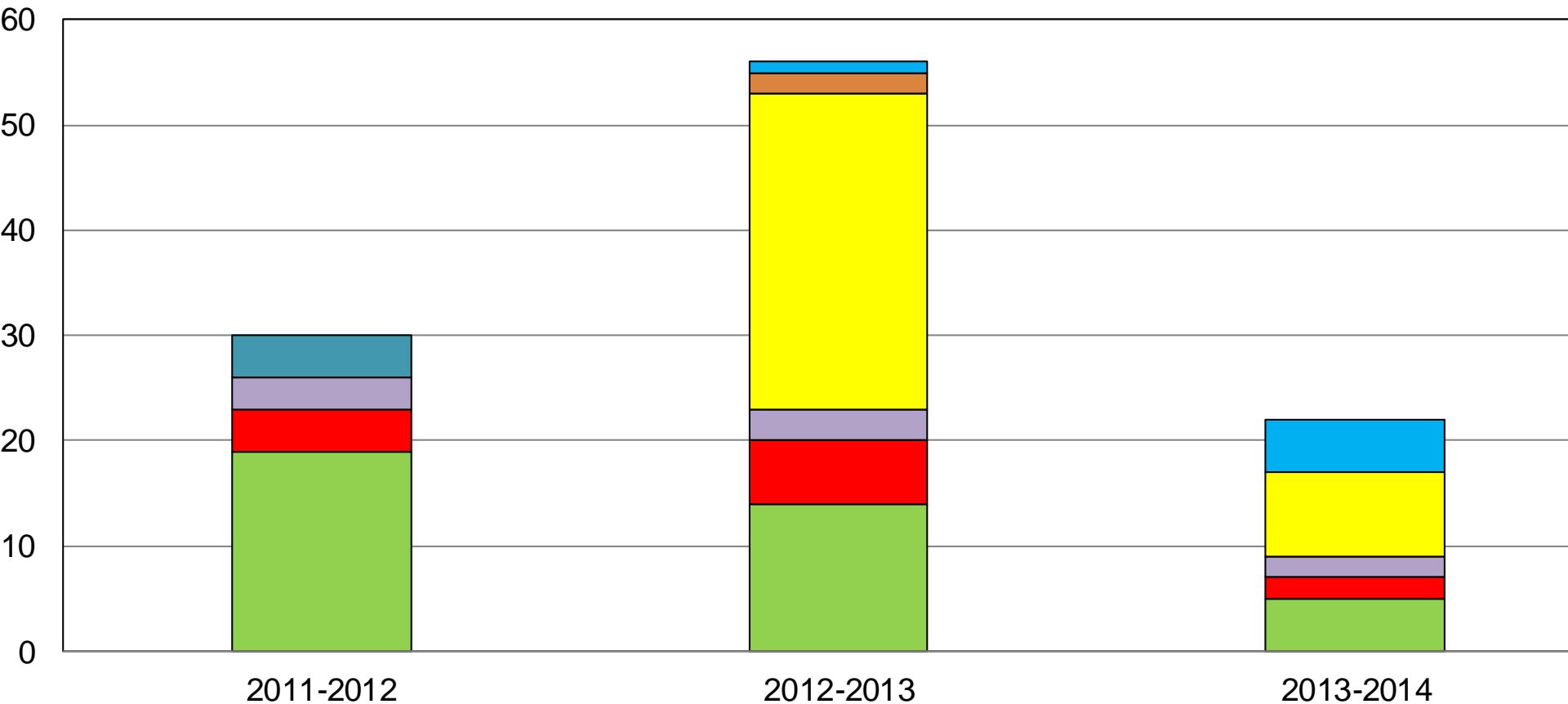
- Quality Assurance same as NHS screening
- Quarterly return and Annual return to West Midlands QARC
- Specific MOD failsafe officer at UHCW

## UHCW meets quarterly with MOD at DMS, Litchfield

- Provide quarterly/annual MOD report
- Reporting/Abnormal rates
- Referral Value/ PPV
- Turnaround times (TATs)
- HPV testing results
- Governance Reporting
  - Discarded samples
  - Incident reporting (CAE)

# LBC Vial Discard rates

## UHCW Cytology Lab MOD Discarded Samples 2011-2014



Unlabelled

Empty Vial

Min info

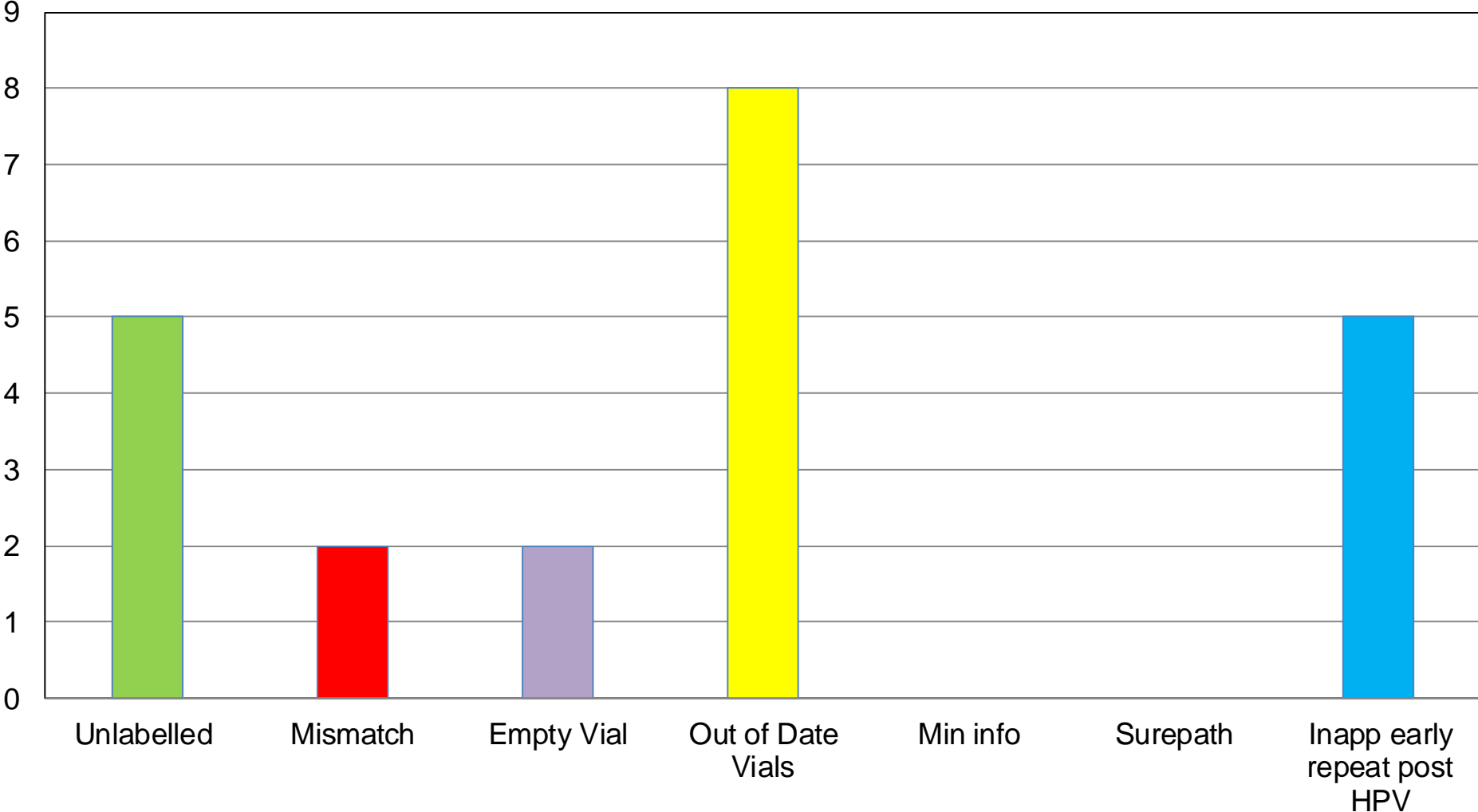
Inapp early repeat post HPV

Mismatch

Out of Date Vials

Surepath

# UHCW Cytology Lab MOD Discarded Samples 2013-2014





# MOD Cervical Screening at UHCW

## Failsafe

- All referred samples followed up.
- Form included with all referred reports. Asking for outcome details of colposcopy outcomes
- If nothing received reminder sent to Medical centre
- If patient moves base new enquiry sent to new medical centre.
- Outcomes for approx 80% of referrals on system at UHCW.

<b>Code</b>	<b>CLINICAL OUTCOME</b>	<b>Tick relevant boxes</b>
KC01	Stage 1b (+) Squamous carcinoma	
KC02	Stage 1a Squamous carcinoma	
KC03	Endocervical Adenocarcinoma or CGIN	
KC04	CIN3	
KC05	CIN2	
KC06	CIN1	
KC07	HPV ONLY	
KC08	Negative histology	
KC13	Inadequate biopsy	
KC11	Colposcopy – biopsy result not known	
KC09A	Colposcopy only	
KC09B	Ablation / laser	
KC09C	Colposcopy NAD Repeat smear taken	
KC10D	DNA Colposcopy appointment	
KC10B	Repeat smear at GP	
KC10A	Patient deceased	
KC10C	Patient Pregnant	
KC10E	Patient refused to attend	
KC10F	Referred for non-cervical disease	
KC12A	No Record of referral	
KC14	Non-cervical cancer	
KC12F	OTHER SPECIFY	

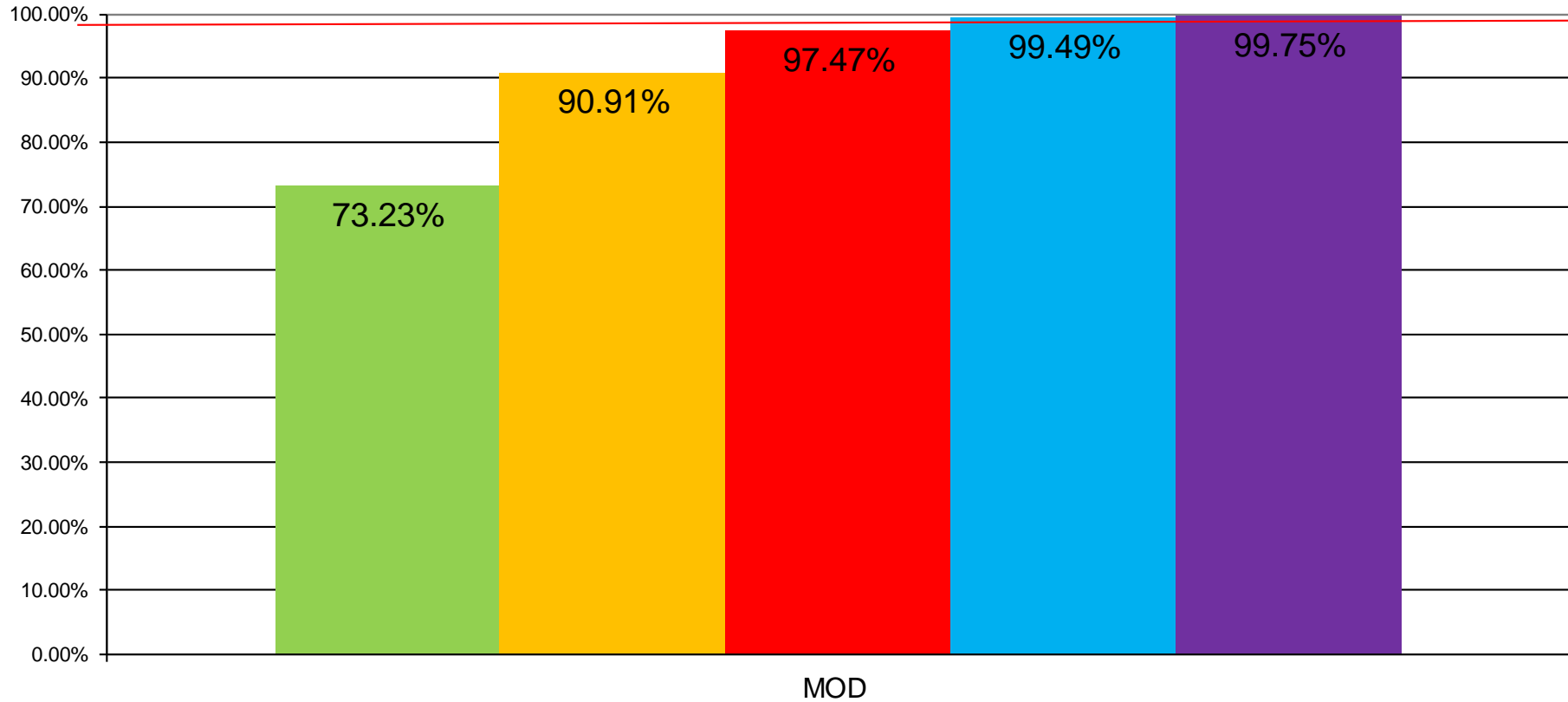
# Cervical Screening MOD

## Current Situation

- Samples treated the same as local samples
- MOD not prioritised
- Turnaround times (TATs) monitored every Monday for both Local and MOD
- MOD TATS from arriving in lab rather than from sample taken
- SLA 99% reported within 14 days

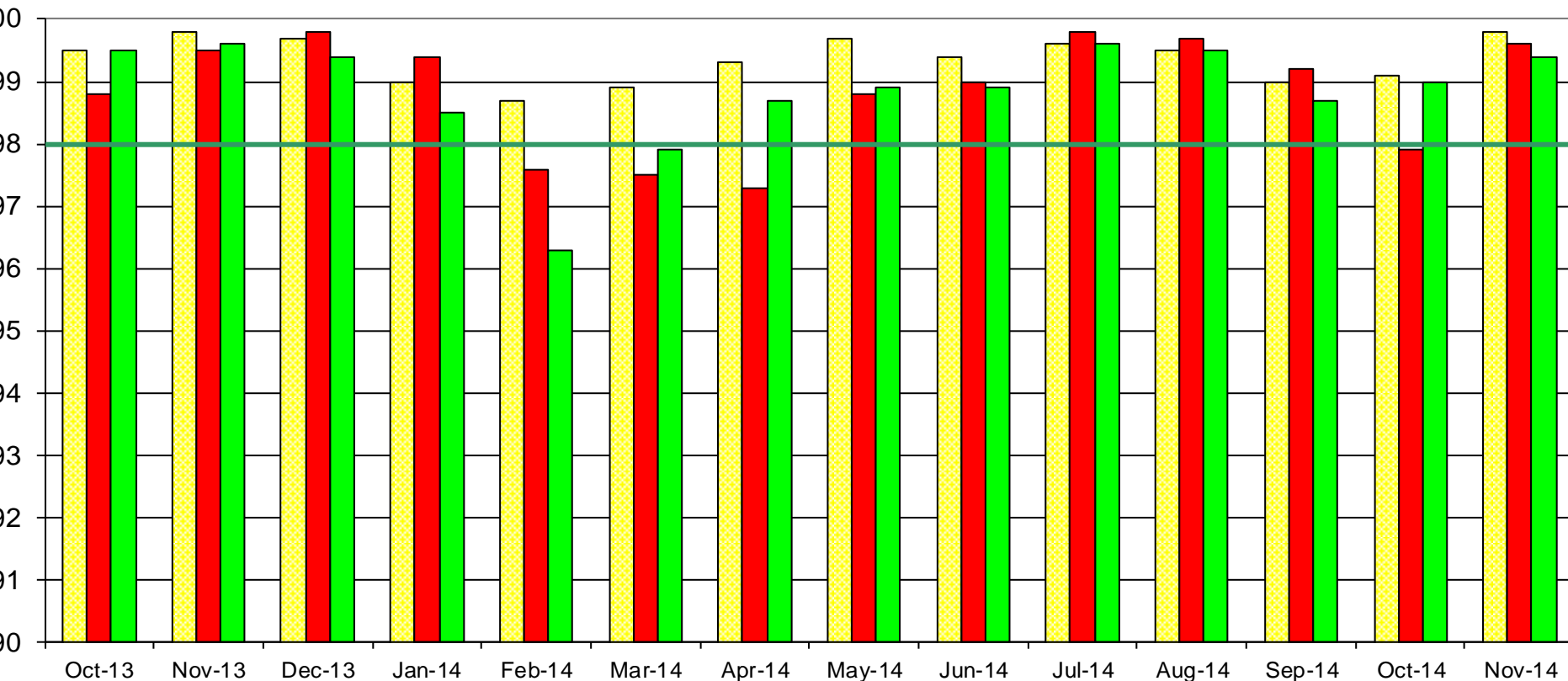
# MOD GYNAE CYTOLOGY IN LAB TATS (Receipt - Signout) DEC 14

SLA 99% in 14 days  
INTERNAL 99% in 10 days



■ within 5 days ■ within 7 days ■ within 10 days ■ within 12 days ■ within 14 days

End to End TAT  
% Results to women within 14 days  
Coventry and Warwickshire  
2013-2014



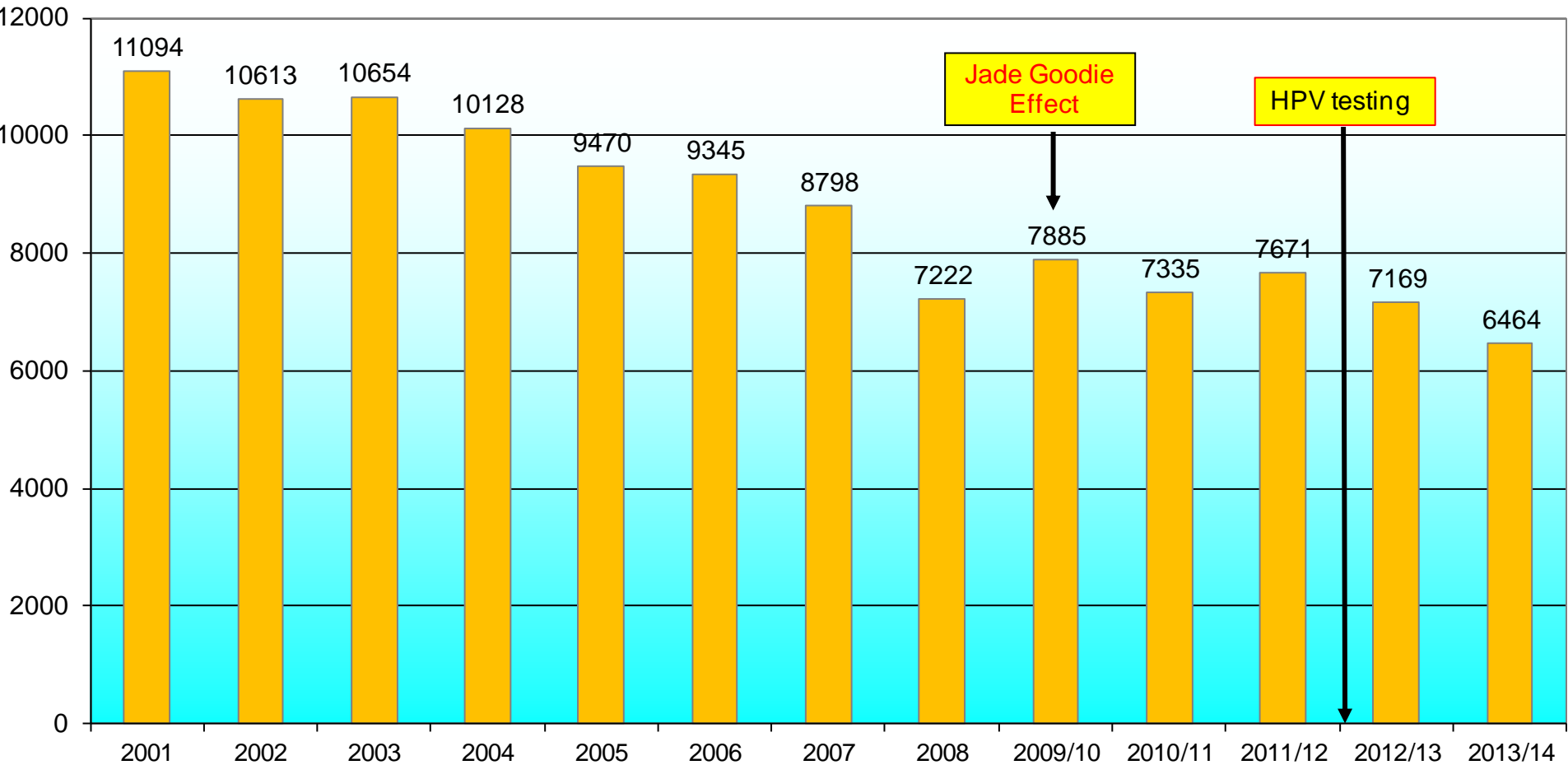
■ NHS Coventry & Rugby CCG

■ NHS South warwickshire CCG

■ NHS Warwickshire North CCG

# Sample Numbers MOD

## MOD Cervical Samples George Eliot Hospital 2001-2009 UHCW 2009-2014

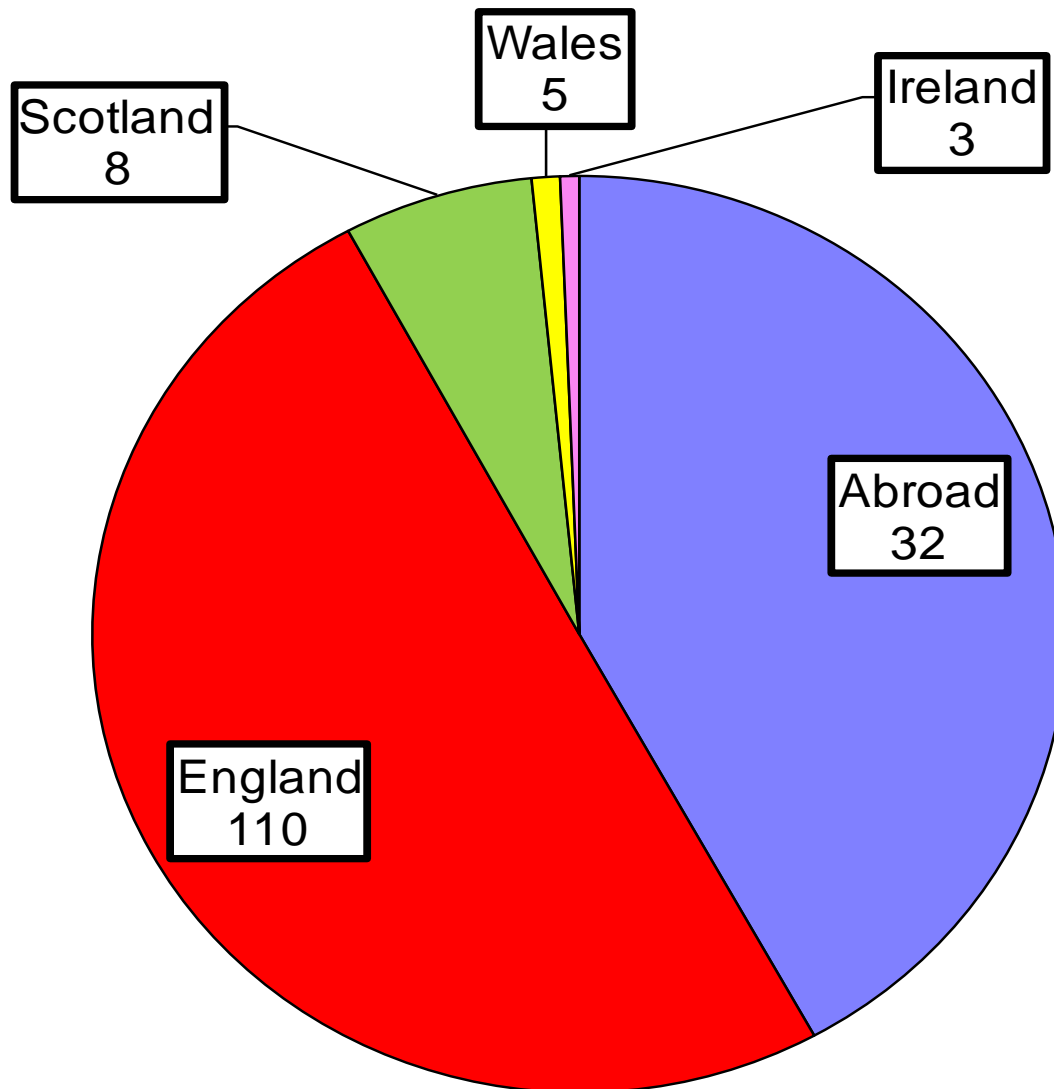


## Reduction in Sample Numbers MOD

### Due to:

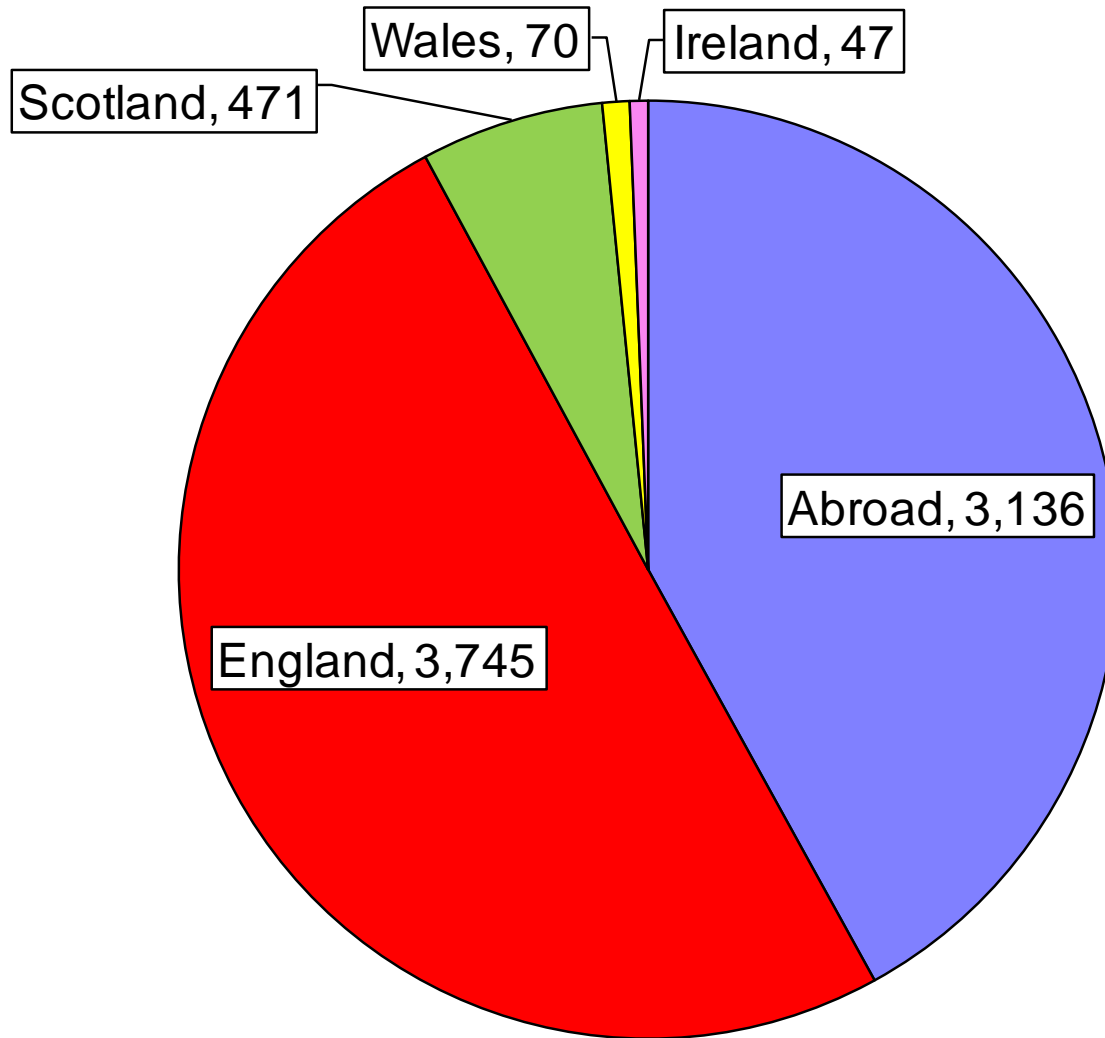
- Decreasing military population.
- 2003 -Change in recall for 50-64 from 3 to 5 years
- 2004- Removal of the under 25s
- 2007-Conversion to LBC. Inadequate rate ↓
- 2012 -HPV testing June 2012. 20% reduction

UHCW Cytology Laboratory  
Number of MOD Bases taking Cervical Samples  
2013/2014

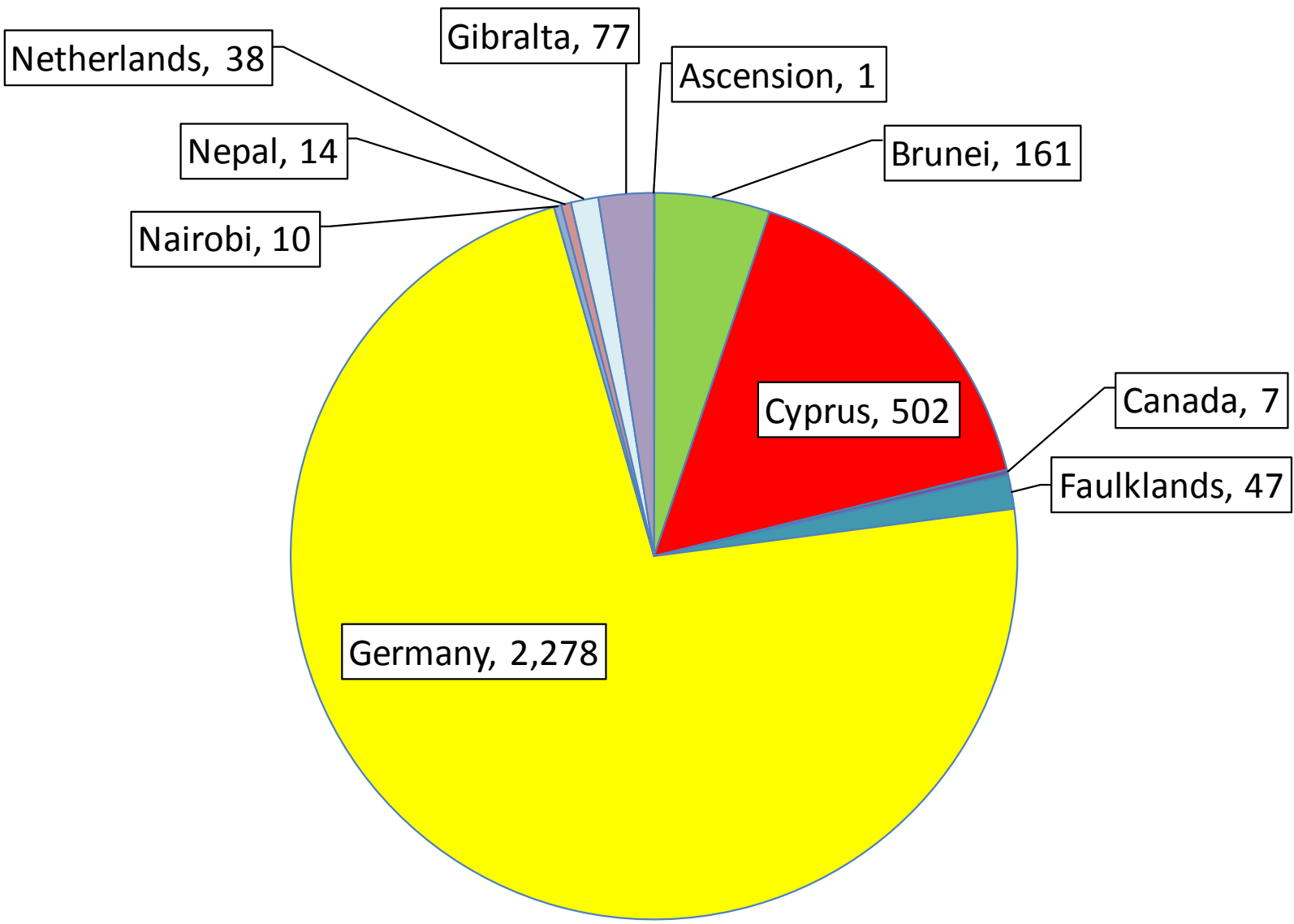




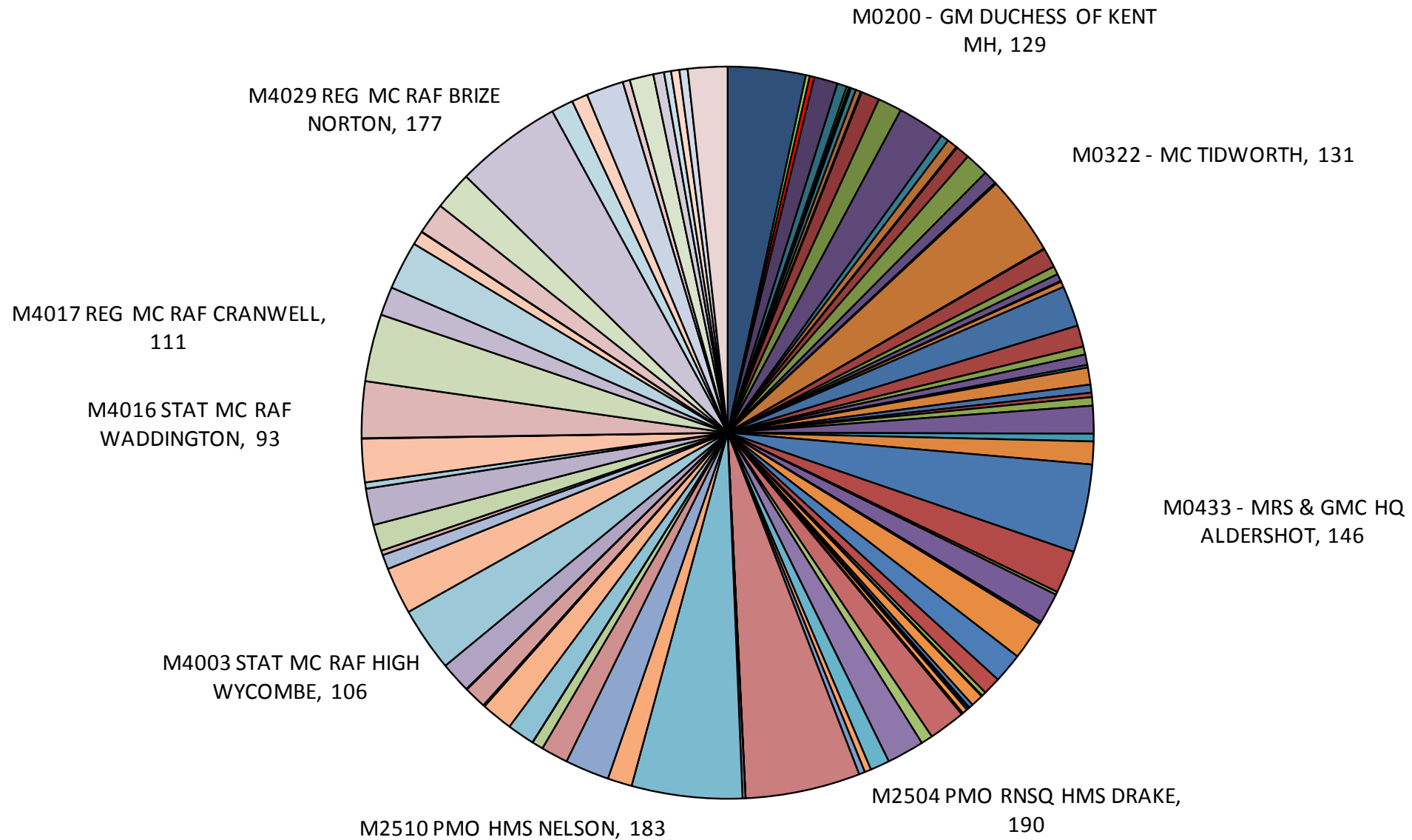
UHCW Cytology Laboratory  
Number of MOD Cervical Samples  
2013/2014



Cervical Screening Samples  
Number samples from MOD Bases Abroad  
2013/14 (total 3136)



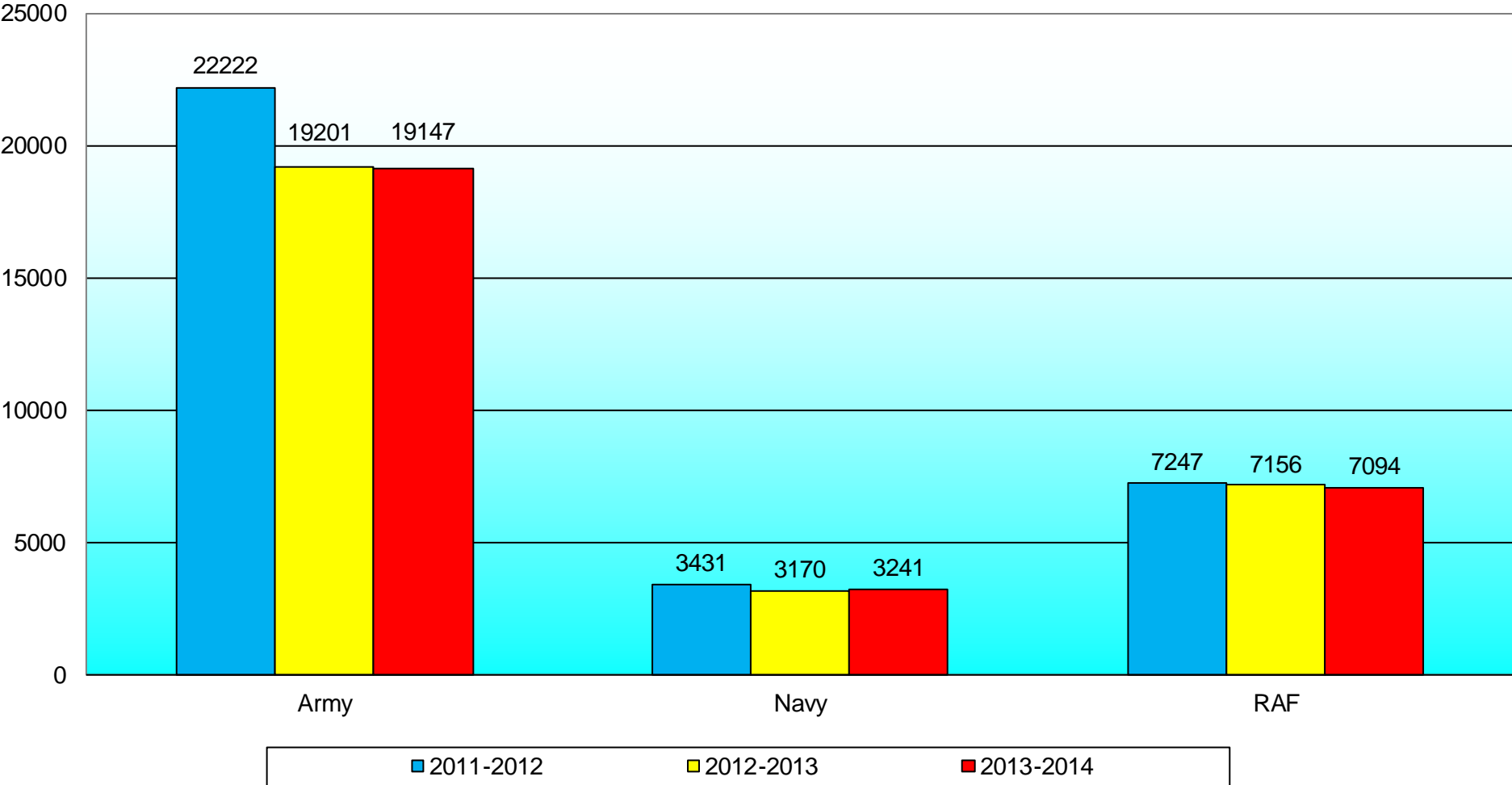
# Cervical Screening Samples MOD Bases England (110) 2013-2014



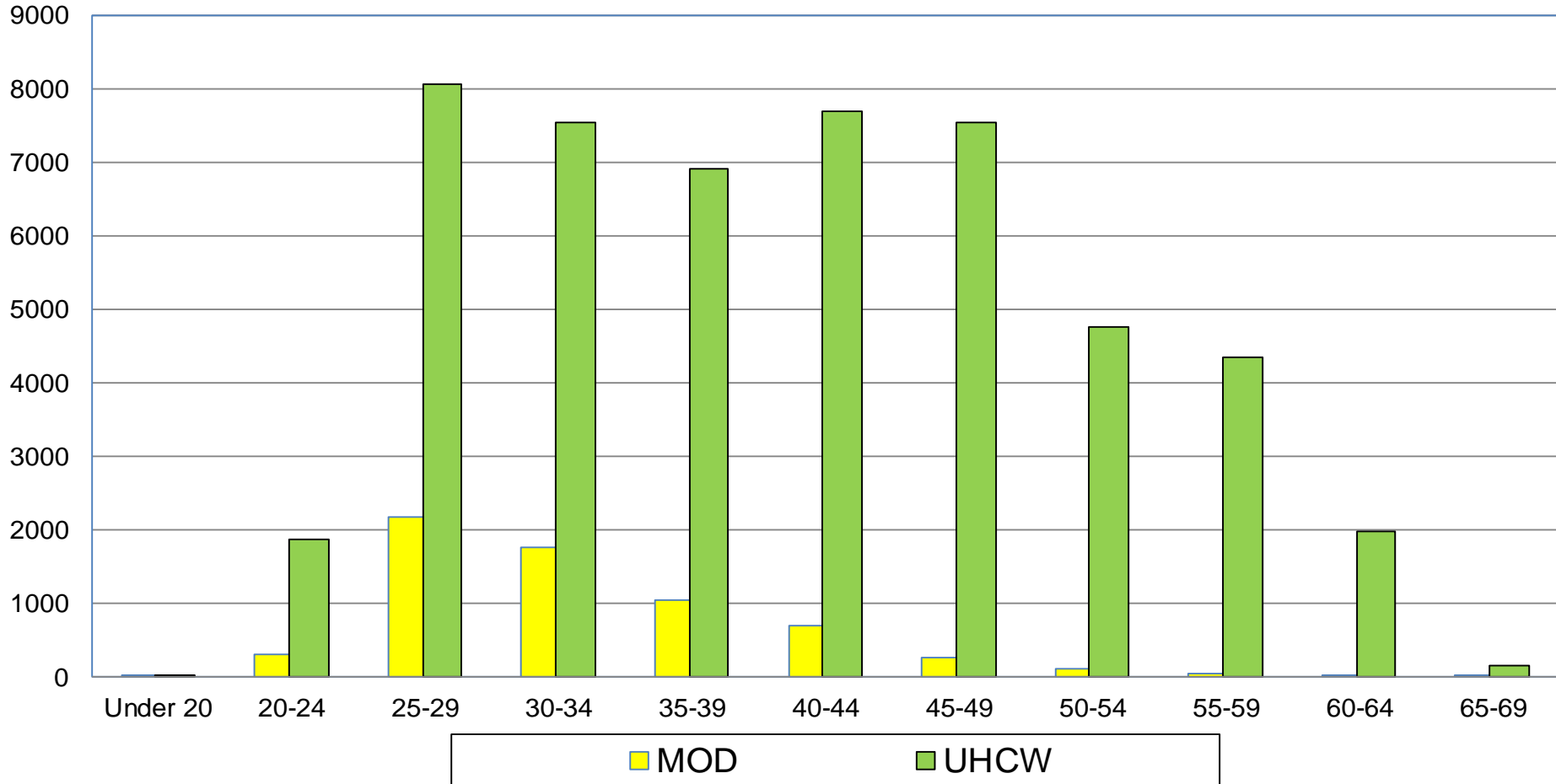
# Differences in Mod Population and NHS Screening Population

# MOD Eligible Screening Population

MOD  
Number of Women in Resident Population  
2011 to 2014

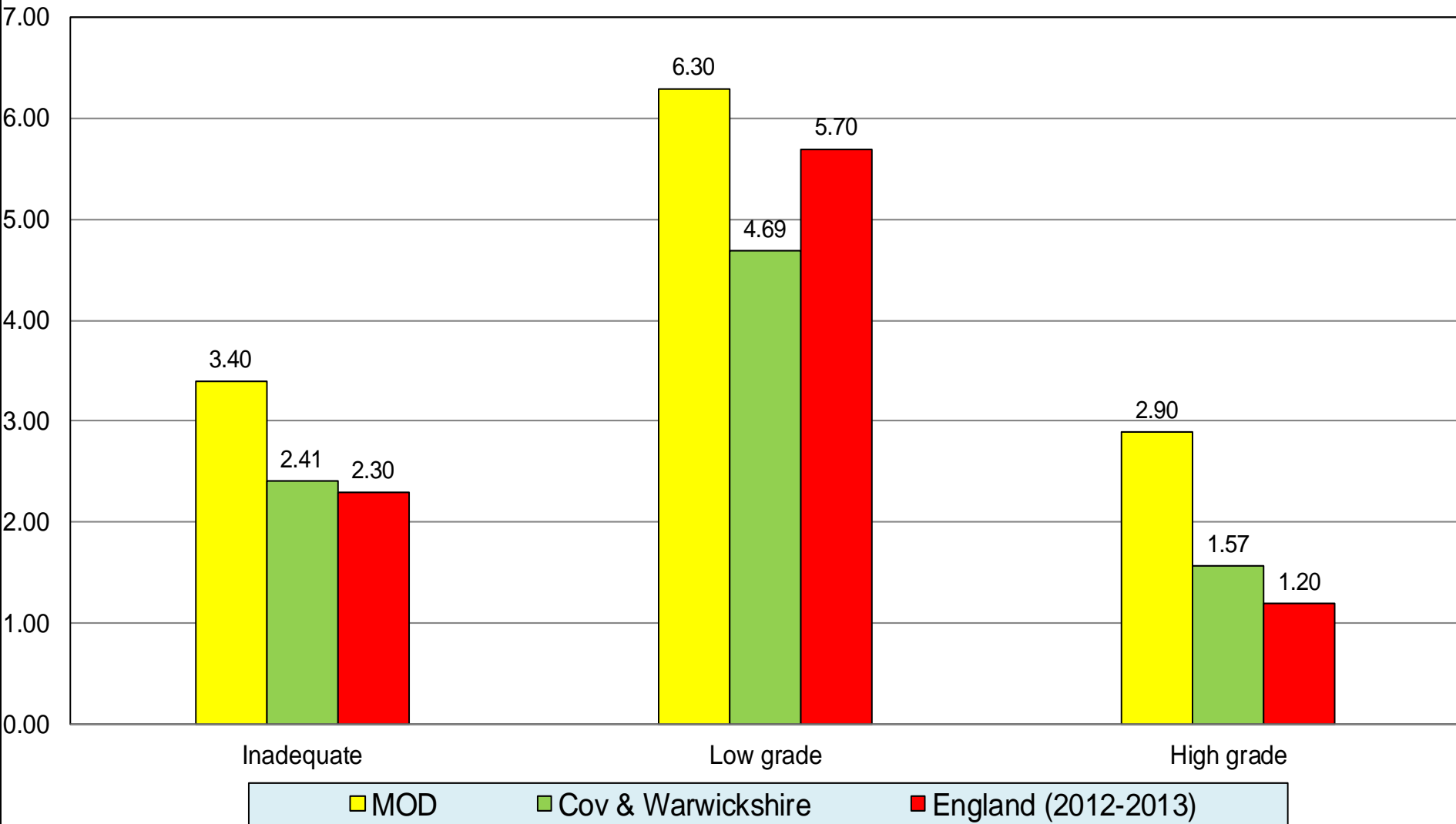


# MOD Age Profile compared to Local Population By Age 2013-14

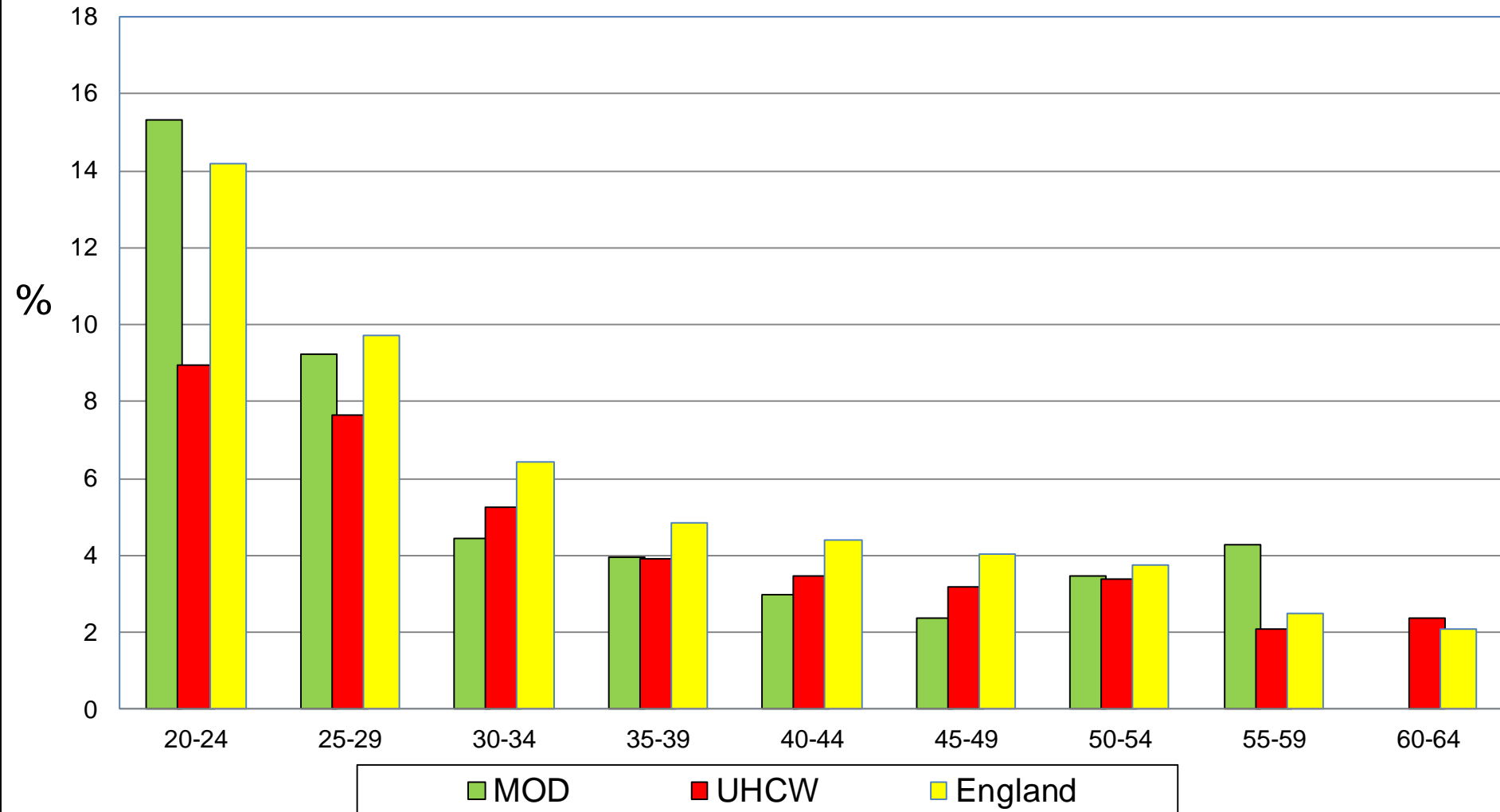


- MOD: Age 20-29 39.9%
- UHCW : Age 20-29 19.5%

Percentage Pick-Up Rates  
MOD Cervical Screening Samples  
Versus Coventry & Warwickshire Population and England  
2013-2014

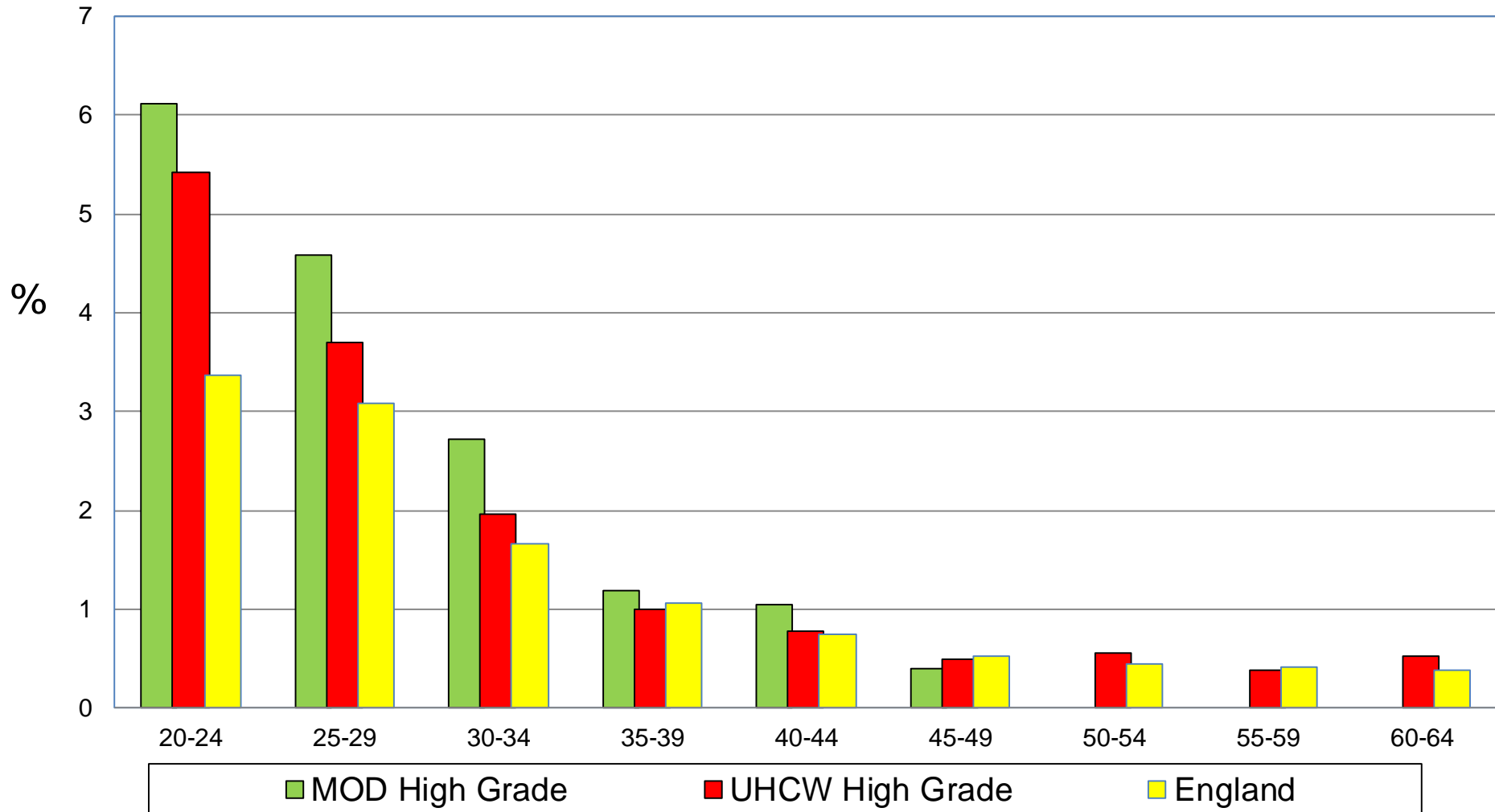


# Low Grade Abnormal Percentage by Age MOD, UHCW and England 2013-14



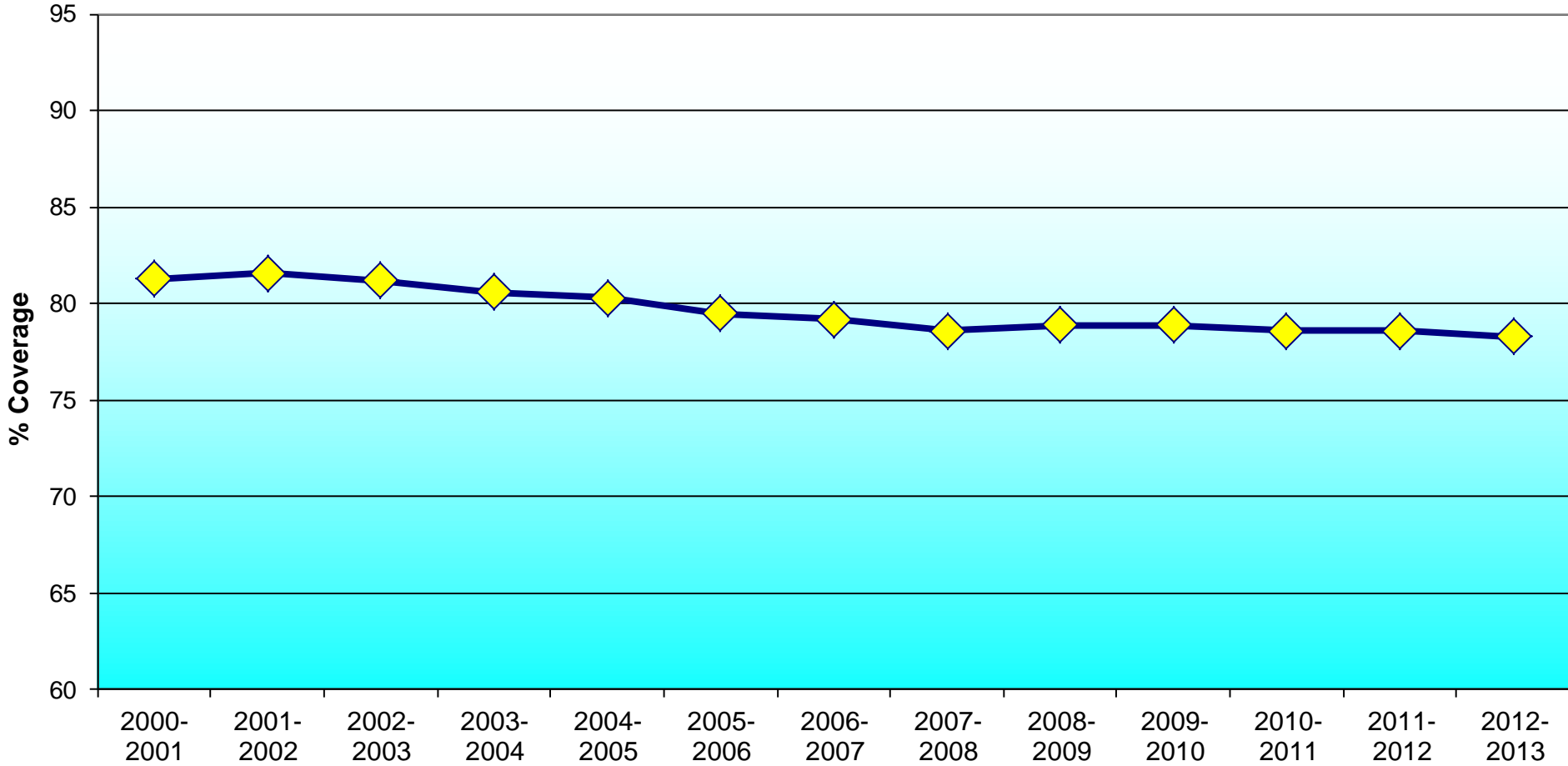


# High Grade Abnormal Percentage by Age MOD, UHCW and England 2013-14



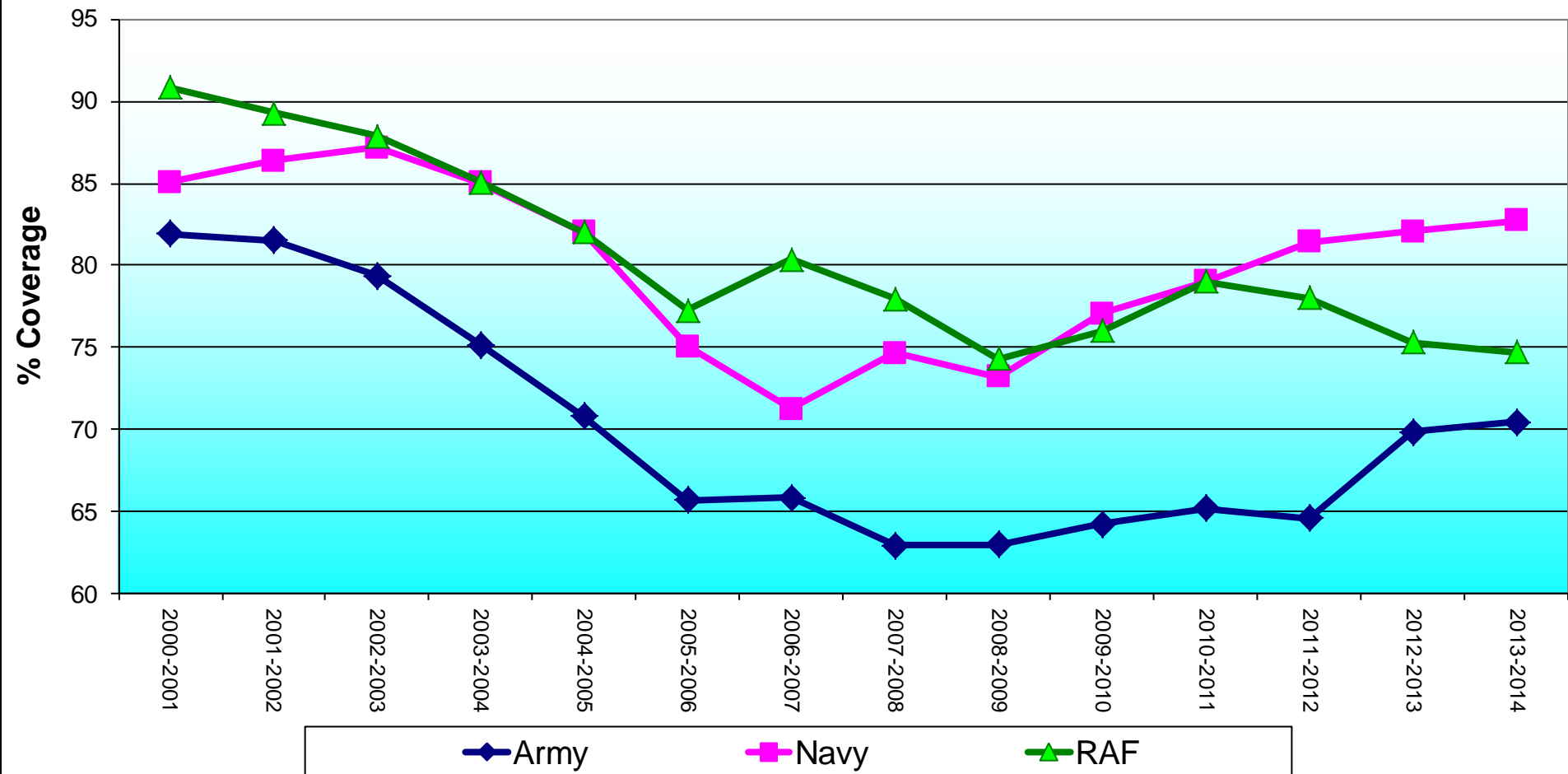
# Coverage England by Year (25-64)

## NHSCSP English Cervical Screening Coverage Age 25-64 2001 to 2013

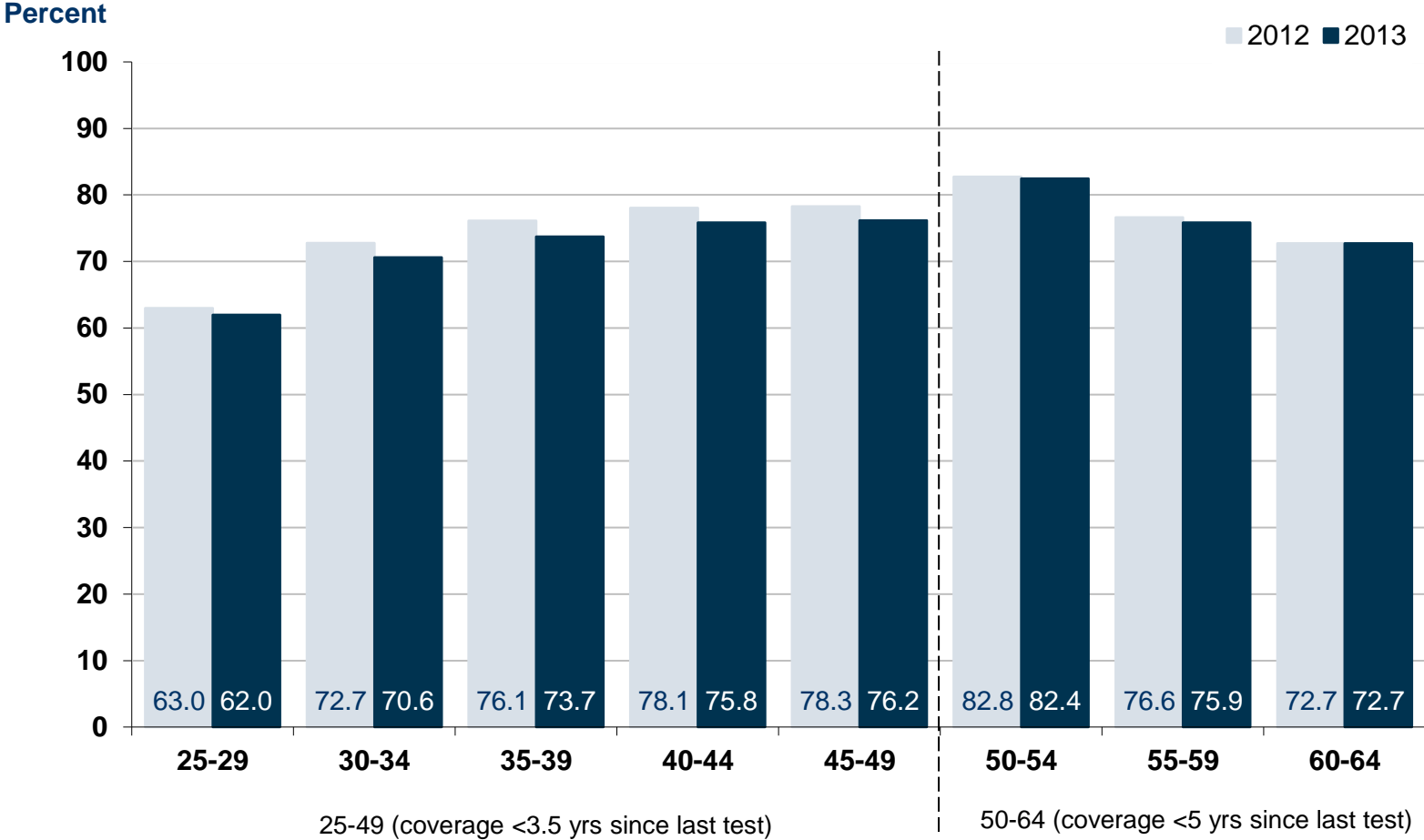


# Coverage MOD by Year (25-64)

MOD Cervical Screening Coverage by Service  
Age 25-64  
2001 to 2014



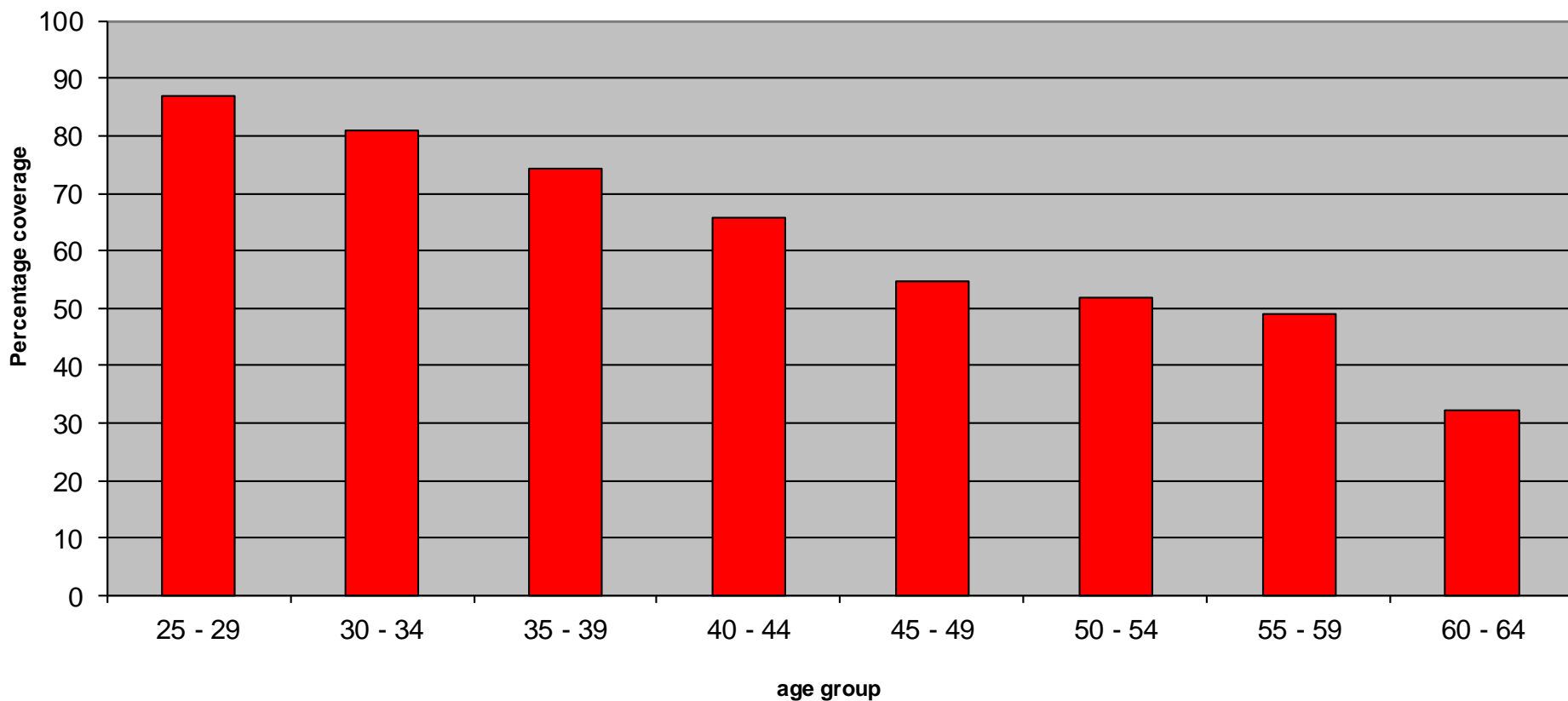
**Figure 2: Cervical screening – Age appropriate coverage by age group**  
 England, at 31<sup>st</sup> March, 2012 and 2013



Source: KC53, Health and Social Care Information Centre.

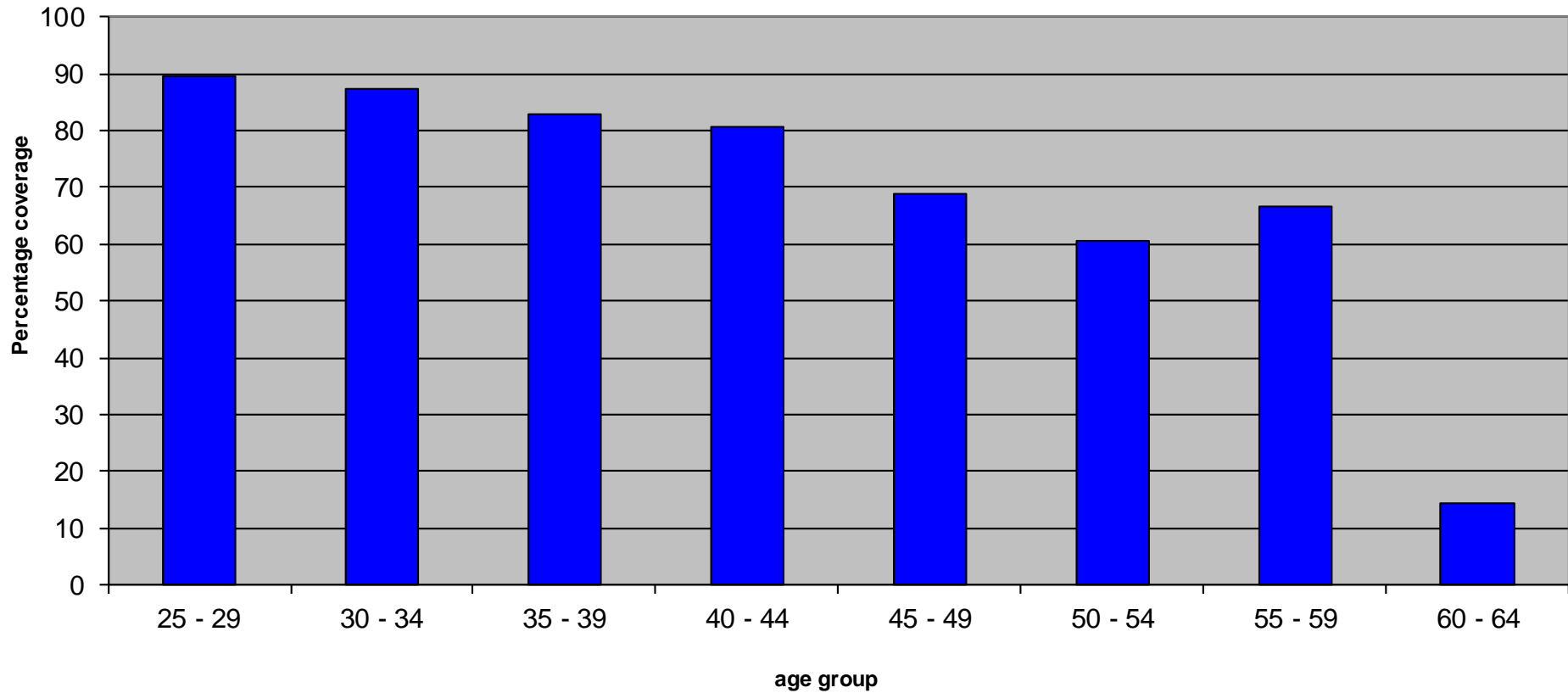
# Army Coverage MOD by Age (25-64)

Coverage by age group for Army using January to December 2014 data



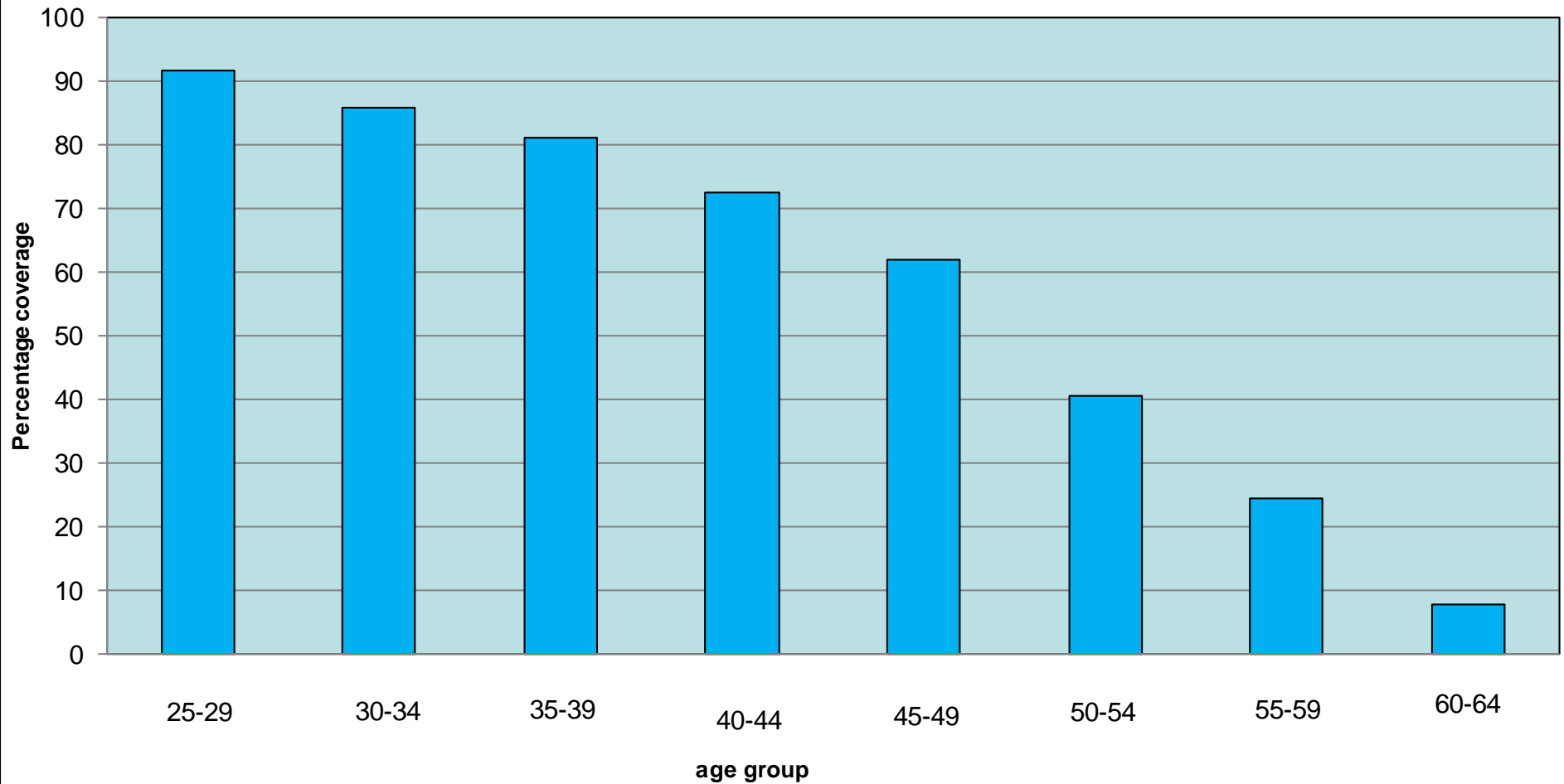
# Navy Coverage MOD by Age (25-64)

Coverage by age group for Navy using January to December 2014 data



# RAF Coverage MOD by Age (25-64)

Coverage by age group for RAF using January to December 2014 data



Issues to be aware of  
with MOD Screening



# Issues with MOD Screening

## Booking onto Computer

- At present MOD do not use Open Exeter printed forms.
- No previous smear history seen on forms.
- UHCW have access to MOD history on Warwickshire Call and Recall
- UHCW computer also has 14 years of MOD colposcopy and histology
- We use an M code for all Medical Centres.
- All Medical centres know their M code and put it on the request form.

# Issues with MOD Screening

## April 2015

### Open Exeter

- Transfer of MOD database from Warwickshire to LaSCA
- All Medical centres need to register for Open Exeter access via LaSCA
- Including Overseas Bases.
- Able to print Open Exeter forms with smear history but no colposcopy outcomes
- New Medical Centre codes created by LaSCA.
  - Medical centres need to know these codes to put on request forms.
  - Labs need to put these codes on computer systems.
- Especially UHCW with 139 codes to change.

# Issues with MOD Screening

## Transfer to Call & recall

- Electronic transfer to Call and Recall usually needs doctor and patient's address to work. Will default to card if do not have this info.
  - Patient's address not on request form (Base Address)
  - Sometimes NHS number but often only MOD service number
  - Senior Medical officer (SMO) on form instead of local GP.
  - SMO may not be on lab computer system as registered doctor.
  - Labs will need to set up new codes on computer system
  - Test if transfer works using new Medical Centre codes.
  - LaSCA need to test new software to redirect MOD results.

# Issues with MOD Screening

## Result to Women

- UHCW sends results sent to MC by post.
- Call & Recall does not send out results to women.
- Medical Centres send result to women not LaSCA.
  - Only MC knows where women actually is.
- UHCW has 2 electronic links with MC.
- Local Labs may already have electronic links with local Medical Centres
- If not will have to send results in post or by NHS transport.

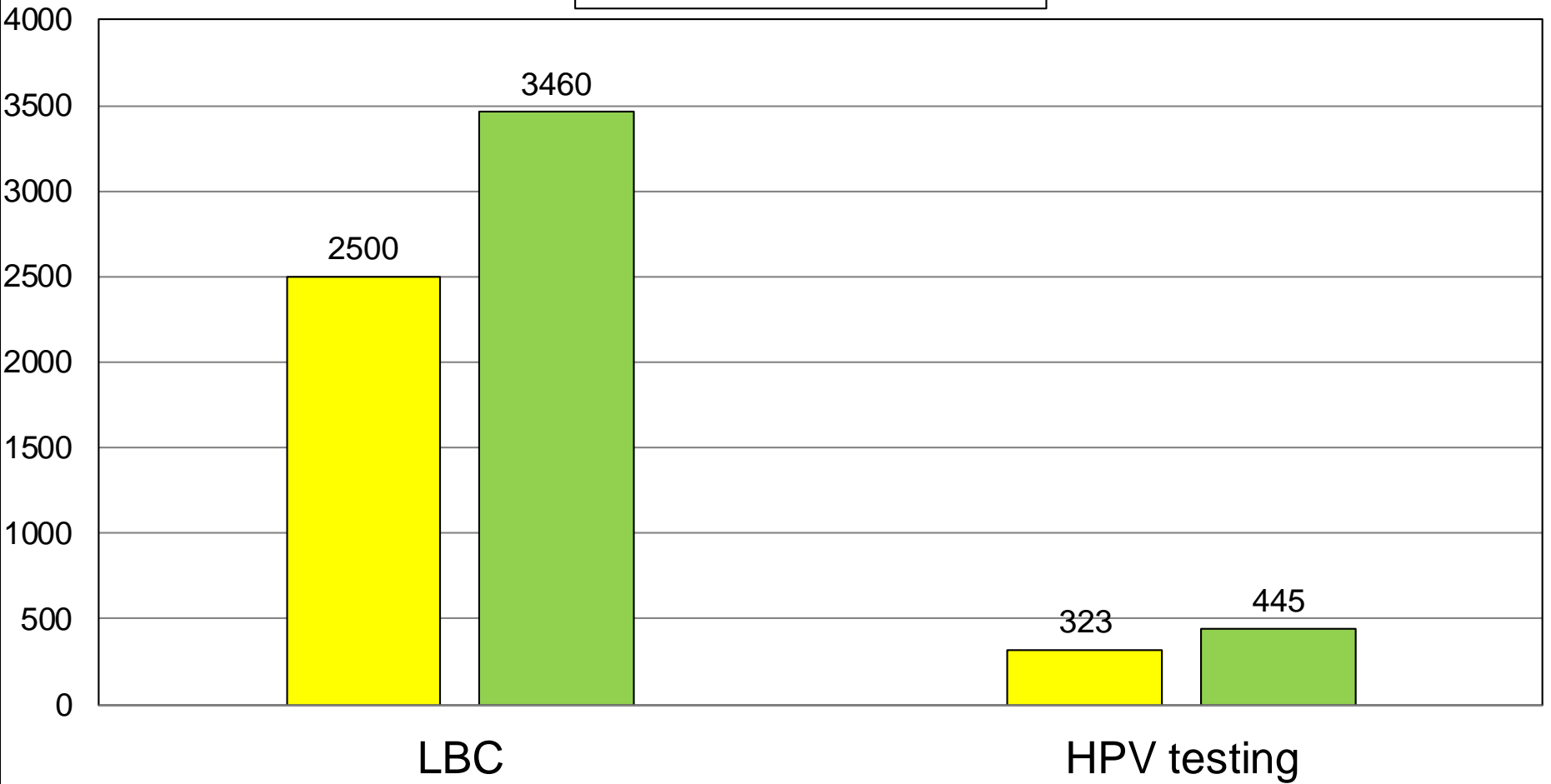
## Issues with MOD Screening

### Direct Referral

- Laboratory Direct referral not possible with MOD patients
  - No address or contact details on HMR form.
  - Colposcopy would not be able to write to patients
- Medical Centres manage own referrals.
- They know where patient resides /deployed at any time.
- UHCW did try to set up Direct Referral with Salisbury Colposcopy
- Labs must ask Medical centre to let them have colposcopy outcomes

# LBC and HPV Numbers Post April 2015

UHCW Local Labs



# Sample Numbers by Medical Centres 2014/15

Approx 3460 LBC samples going to cytology labs in UK.

- 139 Medical Centres take LBC samples
- 110 England
- 8 Scotland
- 64 Medical Centres take fewer than 25 samples a year
- 22 take fewer than 5 samples a year.
  
- Largest numbers from Germany
  - Princess Royal Bks 378
  - Sennelager 264
  - Haig Barracks 300
  
- In UK largest
  - HMS Nelson 194
  - HMS Drake 146
  - RAF Brize Norton 144
  - RAF Cranwell 104
  - RAF High Wycombe 102

## After 1st April 2015

- Prior to April DMS will communicate with all Medical centres detailing changes
- Overseas samples continue to send to UHCW as normal
- All UK samples go to nearest local NHS labs.
- Medical centres will have to communicate with local labs re PIN numbers for their area.
- Labs will have to ensure results get to medical centres electronically or by post
- Labs will have to establish mechanism for failsafe of MOD referrals.
- Training in future will be locally based.



## After 1st April 2015

### UHCW

- In interim period March/April UHCW will report everything received.
- Samples delivered to UHCW by mistake
  - Will screen but will include statement in report saying all samples should be sent to local NHS lab.

### Area teams/Sub-Regions (SRs)

- SR need to establish Incident Reporting pathways for MOD samples.
- SR need to ensure Quality assurance of MOD samples is same as NHS samples.
- SR in Surepath areas will have to ensure all MOD medical staff are trained in new technique and signed off by 1<sup>st</sup> April.
- SRs/Medical Centres will have to ensure transport is set up for samples

Thank You

